



General Assembly

Substitute Bill No. 6938

January Session, 2001

***AN ACT IMPROVING THE DELIVERY OF BEHAVIORAL HEALTH
CARE SERVICES TO CHILDREN AND YOUTH BY THE
ESTABLISHMENT OF THE KIDCARE SYSTEM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-1 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 As used in sections 17a-1 to 17a-26, inclusive, as amended by this
4 act, 17a-28 to 17a-49, inclusive, 17a-127, as amended by this act, and
5 46b-120:

6 (1) "Commissioner" means the Commissioner of Children and
7 Families;

8 (2) "Council" means the State Advisory Council on Children and
9 Families;

10 (3) "Advisory committee" means the Children's Behavioral Health
11 Advisory Committee to the council;

12 [(3)] (4) "Department" means the Department of Children and
13 Families;

14 [(4)] (5) "Child" means any person under sixteen years of age;

15 [(5)] (6) "Youth" means any person sixteen to eighteen years of age;

16 [(6)] (7) "Delinquent child" shall have the meaning ascribed thereto
17 in section 46b-120;

18 [(7)] (8) "Child or youth with mental illness" means a child or youth
19 who is suffering from one or more mental disorders as defined in the
20 most recent edition of the American Psychiatric Association's
21 "Diagnostic and Statistical Manual of Mental Disorders";

22 [(8)] (9) "Child or youth with emotional disturbance" means a child
23 or youth who has a clinically significant emotional or behavioral
24 disorder, as determined by a trained mental health professional, that
25 disrupts the academic or developmental progress, family or
26 interpersonal relationships of such child or youth or is associated with
27 present distress or disability or a risk of suffering death, pain or
28 disability;

29 [(9)] (10) "Individual [system of care] service plan" means a written
30 plan [developed by the Commissioner of Children and Families] to
31 access coordinated, integrated care for a child or youth who [is
32 mentally ill, emotionally disturbed or seriously emotionally disturbed
33 or who is at placement risk which shall be developed when such child
34 or youth needs services from at least two public agencies and] has
35 unusually complex behavioral health service needs which shall (A) be
36 designed to meet the needs of the child or youth and his or her family,
37 (B) be based upon an appropriate assessment of the individual needs
38 of the child, (C) identify service needs, (D) identify services which are
39 currently being provided, if any service need is not being met, include
40 an explanation of why the service is not being provided, (E) identify
41 opportunities for participation by parents, (F) include a reintegration
42 plan when an out-of-home placement is made or recommended and
43 traditional clinic services with nontraditional services such as out-of-
44 home crisis respite, therapeutic respite care, mentoring, behavioral
45 assistance and family-to-family support, supervision in natural
46 community supports and nonmedical transportation, (G) include
47 criteria for evaluating the effectiveness and appropriateness of such
48 plan to allow modification of such plan as necessary to meet the needs

49 of the child or youth and his or her family, (H) coordinate the
50 individual service plan with any educational services provided to the
51 child or youth, (I) be subject to review every six months, and (I) be
52 approved, in writing, by the parents or guardian of a child or youth;

53 [(10)] (11) "Family" means a child or youth who is mentally ill,
54 emotionally disturbed or seriously emotionally disturbed or who is at
55 placement risk together with (A) one or more biological or adoptive
56 parents, except for a biological parent whose parental rights have been
57 terminated, (B) one or more persons to whom legal custody or
58 guardianship has been given, or (C) one or more adult family members
59 who have a primary responsibility for providing continuous care to
60 such child or youth;

61 [(11)] (12) "Child or youth at placement risk" means a mentally ill,
62 emotionally disturbed or seriously emotionally disturbed child or
63 youth who is at risk of placement out of his or her home or is in
64 placement out of his or her home for the primary purpose of receiving
65 mental health treatment;

66 [(12)] (13) "Parent" means a biological or adoptive parent, except a
67 biological parent whose parental rights have been terminated;

68 [(13)] (14) "Guardian" means a person who has a judicially created
69 relationship between a child and such person which is intended to be
70 permanent and self-sustaining as evidenced by the transfer to such
71 person of the following parental rights with respect to the child: (A)
72 The obligation of care and control; (B) the authority to make major
73 decisions affecting the child's welfare, including, but not limited to,
74 consent determinations regarding marriage, enlistment in the armed
75 forces and major medical, psychiatric or surgical treatment; (C) the
76 obligation of protection of the child; (D) the obligation to provide
77 access to education; and (E) custody of the child; [and]

78 [(14)] (15) "Serious emotional disturbance" and "seriously
79 emotionally disturbed" means, with regard to a child or youth, that the
80 child or youth (A) has a range of diagnosable mental, behavioral or

81 emotional disorders of sufficient duration to meet diagnostic criteria
82 specified in the most recent edition of the American Psychiatric
83 Association's "Diagnostic and Statistical Manual of Mental Disorders",
84 and (B) exhibits behaviors that substantially interfere with or limit the
85 child's or youth's ability to function in the family, school or community
86 and are not a temporary response to a stressful situation;

87 (16) "Care coordinator" means a person who has experience and
88 training in working with children, at least a bachelor's degree in one of
89 the behavioral sciences or a related field including, but not limited to,
90 social work, psychology or nursing from an accredited college or
91 university, experience and training in identifying and accessing a wide
92 range of children's needs and knowledge relative to local community
93 resources and how to use such resources for the benefit of children and
94 their families;

95 (17) "Child with complex behavioral health service needs" means a
96 child who receives behavioral health services from more than one state
97 agency; and

98 (18) "Transition services" means services designed to assist youth
99 with mental illness, emotional disturbance or serious emotional
100 disturbance who are transitioning into adulthood in the areas of
101 education, employment, housing and community living.

102 Sec. 2. Section 17a-22a of the general statutes is repealed and the
103 following is substituted in lieu thereof:

104 (a) The Commissioner of Social Services and the Commissioner of
105 Children and Families shall develop and administer an integrated
106 behavioral health service delivery system to be known as KidCare for
107 children and youth with [serious emotional disturbances who meet the
108 criteria established in accordance with subdivision (1) of subsection (a)
109 of section 5 of public act 00-2 of the June special session* and who are
110 eligible to receive services from the HUSKY Plan, Part A or Part B, the
111 HUSKY Plus program for intensive behavioral health needs or
112 voluntary services provided through the Department of Children and

113 Families] mental illness, emotional disturbance or serious emotional
114 disturbance who are in the custody of the Department of Children and
115 Families, who are eligible to receive services from the HUSKY Plan,
116 Part A or Part B, or who have been admitted to the voluntary services
117 program operated by said department. All necessary changes to the
118 IV-E, Title XIX and Title XXI state plans shall be made to maximize
119 federal financial participation.

120 [(b) Not later than October 1, 2000, said]

121 (b) Any child or youth enrolled in the HUSKY Plan, Part A or Part
122 B, is automatically enrolled in the KidCare system for behavioral
123 health benefits. The KidCare system shall provide a comprehensive
124 benefit package of behavioral health specialty services. The HUSKY
125 Plan shall continue to be responsible for behavioral health care
126 provided in a primary care setting, hospital-based emergency services
127 and for pharmacy services and shall assure an integration of such
128 services with the behavioral health services provided by the KidCare
129 system.

130 (c) The KidCare system shall include when fully implemented: (1) A
131 system of care model in which service planning is directed by the
132 needs and preferences of the child or youth and his or her family,
133 which places an emphasis on early identification, prevention, early
134 intervention and treatment to prevent behavioral health problems
135 from escalating; (2) a comprehensive behavioral health program with a
136 flexible benefit package that shall include home and community-based
137 treatment services and a comprehensive support service that
138 emphasizes prevention, early intervention and treatment in the least
139 restrictive and clinically appropriate setting; (3) an identification of
140 youths in need of transition services for the purpose of assisting such
141 youths in making the transition to adult services; (4) community-based
142 care planning and service delivery, including services and supports for
143 children from birth through early childhood that link the KidCare
144 system to the early childhood community and promote emotional
145 wellness; (5) comprehensive training for all state and state-funded

146 agency staff and parents; (6) an efficient balance of local control of care
147 with a state-wide administrative support structure; (7) integration of
148 categorical agency funding to support the benefit package; (8)
149 reinvestment of Medicaid reimbursement; (9) defined standards of
150 care to assess outcomes and quality of care and periodic performance
151 reports on outcome and quality measures; (10) accountability with
152 regard to (A) clinical and functional outcomes for children and their
153 families, and (B) investment of state resources in clinically-effective
154 and cost-effective mental health services for children, youth and their
155 families, including through implementation of a plan that identifies
156 and incorporates into standard practice those mental health treatments
157 with scientific evidence of effectiveness; (11) elimination of the major
158 gaps in services and barriers to the receipt of services in the child
159 behavioral health system; (12) a system that is family-directed and
160 family-focused with respect to the design, delivery and evaluation of
161 children's behavioral health services and that is protective of the legal
162 rights of the child and his or her parents; (13) guarantees that no child
163 shall be discharged from a service team or from the KidCare system
164 due to his or her behavior or health care needs; and (14) assurances of
165 timely payment of service claims.

166 (d) Said commissioners shall enter into a memorandum of
167 understanding for the purpose of the joint administration of [an
168 integrated behavioral health service delivery] the KidCare system.
169 Such memorandum of understanding shall establish mechanisms to
170 administer combined funding, establish standards for, and monitor
171 implementation of, the [integrated behavioral health service delivery]
172 KidCare system and specify that (1) the Department of Social Services,
173 which is the agency designated as the single state agency for the
174 administration of the Medicaid program pursuant to Title XIX of the
175 Social Security Act, manage all Medicaid and HUSKY Plan
176 modifications, waiver amendments, federal reporting and claims
177 processing and provide financial management, and (2) the Department
178 of Children and Families, which is the state agency responsible for
179 administering and evaluating a comprehensive and integrated state-

180 wide program of services for children and youth [who are seriously
181 emotionally disturbed] with mental health needs, define the services to
182 be included in the continuum of care and develop state-wide training
183 programs [on the systems of care approach] for providers, families and
184 other persons, establish fiscal and programmatic eligibility guidelines,
185 develop fiscal and programmatic outcome measures and establish a
186 plan to evaluate the administration of behavioral health services and
187 specify the responsibilities of the administrative service organization
188 and the lead service agencies.

189 [(c) Not later than October 1, 2000, said commissioners shall
190 complete the memorandum of understanding, establish fiscal and
191 programmatic eligibility guidelines, develop fiscal and programmatic
192 outcome measures and develop a plan to evaluate the administration
193 of behavioral health services.

194 (d) Said commissioners may commence a project of limited scope
195 and duration in the state fiscal year commencing July 1, 2000, to
196 implement the provisions of this section in those locations where the
197 commissioners determine that services are well-developed and a high
198 degree of cooperation exists among providers.]

199 (e) Said commissioners shall consult with the Commissioner of
200 Mental Health and Addiction Services, [and] the Commissioner of
201 Mental Retardation and the Commissioner of Education during the
202 development of the [integrated behavioral health service delivery]
203 KidCare system in order to (1) ensure coordination of a delivery
204 system of behavioral health services across the life span of children,
205 youth and adults with behavioral health needs, (2) maximize federal
206 reimbursement and revenue, and (3) ensure the coordination of care
207 and funding among agencies.

208 (f) The Commissioner of Social Services and the Commissioner of
209 Children and Families may apply for any federal waivers or waiver
210 amendments necessary to implement the provisions of this section.
211 The Commissioner of Social Services shall seek any necessary federal

212 waiver or amend any waiver obtained pursuant to Title XXI of the
213 Social Security Act to implement the provisions of this section.

214 Sec. 3. Section 17a-22b of the general statutes is repealed and the
215 following is substituted in lieu thereof:

216 Not later than January 1, 2001, and annually thereafter, each [local
217 system of care] community collaborative shall, within available
218 appropriations, (1) complete a local needs assessment which shall
219 include objectives and outcome measures, (2) specify the number of
220 children requiring behavioral health services, (3) specify the number of
221 children actually receiving community-based and residential services
222 and the type and frequency of such services, and (4) complete an
223 annual self-evaluation process and a review of discharge summaries.
224 Each [local system of care] community collaborative shall submit its
225 local needs assessment to the Commissioner of Children and Families
226 and the Commissioner of Social Services. For the purposes of this
227 section, ["local system of care"] "community collaborative" means
228 community-based organizations that work in teams to deliver
229 behavioral health services in a manner that assists children and youth
230 with behavioral health problems and provides their families with
231 access to the full range of services tailored to the physical, emotional,
232 social and educational needs of each individual in or near the
233 communities in which they reside.

234 Sec. 4. Section 17a-127 of the general statutes is repealed and the
235 following is substituted in lieu thereof:

236 (a) The following shall be established for the purposes of
237 developing and implementing an individual [system of care] service
238 plan:

239 (1) Within available appropriations, a child specific team may be
240 developed by the family of a child or adolescent [at placement risk
241 and] with complex behavioral health service needs which shall provide
242 for family participation in all aspects of assessment, planning and
243 implementation of services and may include, but need not be limited

244 to, family members, the child or adolescent if appropriate, clergy,
245 school personnel, representatives of local or regional agencies
246 providing programs and services for children and youth, a family
247 advocate, and other community or family representatives. The team
248 shall designate one member to be the team coordinator. The team
249 coordinator shall compile the results of all assessments and
250 evaluations completed prior to the preparation of an individual service
251 plan that document the service needs of the child or adolescent, make
252 decisions affecting the implementation of an individual [system of
253 care] service plan with the consent of the team, except as otherwise
254 provided by law, and make referrals to community agencies and
255 resources in accordance with an individual service plan. If a [case
256 manager] care coordinator, other than the [case manager] care
257 coordinator from the Department of Children and Families, has been
258 assigned to the child and is not designated as the team coordinator,
259 such [case manager] care coordinator shall not make decisions
260 affecting the implementation of the individual [system of care] service
261 plan without the consent of the team, except as otherwise provided by
262 law;

263 (2) Within available appropriations, case review committees may be
264 developed by each regional office of the Department of Children and
265 Families and shall be comprised of at least three parents of children or
266 adolescents with mental illness, emotional disturbance or serious
267 emotional disturbance and representatives of local or regional agencies
268 and service providers including, but not limited to, the regional
269 administrator of the office of the Department of Children and Families
270 or [his] the administrator's designee, a superintendent of schools or
271 [his] the superintendent's designee, a director of a local children's
272 mental health agency or [his] the director's designee, the district
273 director of the district office of the Department of Social Services or
274 [his] the director's designee, representatives from the Departments of
275 Education, Mental Retardation and Mental Health and Addiction
276 Services who are knowledgeable of the needs of a child or adolescent
277 [at placement risk] with behavioral health needs, a representative from

278 a local housing authority and a representative from the court system.
279 The functions of the case review committees shall include, but not be
280 limited to: (A) The determination of whether or not a child or
281 adolescent meets the definition of a child or adolescent [at placement
282 risk] with behavioral health needs; (B) assisting children or families
283 without a child specific team in the formation of such a team; and (C)
284 resolution of the development or implementation of an individual
285 [system of care] service plan not developed, implemented or agreed
286 upon by a child specific team. Such functions shall be completed in one
287 hundred twenty days or less from the date of referral to the case
288 review committee. In the event of the need for an individual [system of
289 care] service plan for a child or adolescent with no identifiable
290 community, a representative of the child or adolescent shall make a
291 referral to the state coordinated care committee, established pursuant
292 to subdivision (3) of this subsection, which shall designate
293 responsibility for the development of an individual [system of care]
294 service plan to a case review committee. The case review committee
295 shall also monitor the implementation of an individual [system of care]
296 service plan when appropriate. The Department of Children and
297 Families may assign a system coordinator to each case review
298 committee. The duties of the system coordinator shall include, but not
299 be limited to, assistance and consultation to child specific teams and
300 assistance with the development of case review committees and child
301 specific teams.

302 (3) A [coordinated care committee] state agency consultation group
303 shall be [developed] established by the [Commissioner]
304 Commissioners of Children and Families and Social Services and shall
305 be comprised of [a parent of a child or adolescent with mental illness,
306 emotional disturbance or serious emotional disturbance who is
307 currently serving or has served on a case review committee, a person
308 who is now or has been a recipient of services for a child or adolescent
309 at placement risk,] representatives of the Departments of Children and
310 Families, Social Services, Education, Mental Health and Addiction
311 Services [, Social Services] and Mental Retardation, [who are

312 knowledgeable of the needs of a child or adolescent at placement risk,]
313 the Office of Policy and Management and the judicial branch court
314 support services and a representative of the Office of Protection and
315 Advocacy for Persons with Disabilities, [who is] all of whom are
316 knowledgeable of the needs of a child or adolescent [at placement risk]
317 with behavioral health needs. The Commissioner of Children and
318 Families or the commissioner's designee shall serve as chairperson of
319 the state agency consultation group.

320 (b) The state agency consultation group shall (1) advise the
321 commissioner concerning cooperative efforts at the state level and
322 provide support to the community collaboratives and lead service
323 agencies, (2) serve as liaison to the participating state agencies, and (3)
324 make recommendations relative to training and technical assistance.
325 The commissioner, in consultation with the [coordinated care
326 committee] state agency consultation group, shall submit a report on
327 [the] findings and recommendations [of programs for children and
328 youth at placement risk] for the development and implementation of
329 the KidCare system, including recommendations for budget options or
330 programmatic changes necessary to enhance the KidCare system [of
331 care for such child or youth and his family,] to meet the needs of
332 children and which shall recommend priorities for the continuation or
333 development of programs, to the joint standing committee and the
334 select committee of the General Assembly having cognizance of
335 matters relating to children, on or before January 1, [1998] 2002, and
336 annually thereafter.

337 (c) The provisions of this section shall not be construed to grant an
338 entitlement to any child or youth [at placement risk] with behavioral
339 health needs to receive particular services under this section in an
340 individual [system of care] service plan if such child or youth is not
341 otherwise eligible to receive such services from any state agency or to
342 receive such services pursuant to any other provision of law.

343 (d) The Commissioner of Children and Families may adopt
344 regulations in accordance with chapter 54 for the purpose of

345 implementing the provisions of this section.

346 Sec. 5. Subsection (a) of section 17b-293 of the general statutes is
347 repealed and the following is substituted in lieu thereof:

348 (a) The HUSKY Plan, Part B shall provide the following minimum
349 benefit coverage:

350 (1) No copayments for preventive care and services;

351 (2) No copayments for inpatient physician and hospital, outpatient
352 surgical, ambulance and for emergency medical conditions, skilled
353 nursing, home health, hospice and short-term rehabilitation and
354 physical therapy, occupational and speech therapies, lab and x-ray,
355 preadmission testing, prosthetics, durable medical equipment other
356 than powered wheelchairs, dental exams every six months, x-rays,
357 fillings, fluoride treatments and oral surgery. For purposes of this
358 subdivision, in accordance with the National Committee for Quality
359 Assurance, an emergency medical condition is a condition such that a
360 prudent lay-person, acting reasonably, would have believed that
361 emergency medical treatment is needed;

362 (3) Outpatient physician visits, hearing examinations, nurse
363 midwives, nurse practitioners, podiatrists, chiropractors and
364 natureopaths;

365 (4) Prescription drugs;

366 (5) Eye care and optical hardware;

367 (6) Orthodontia;

368 (7) Mental health inpatient [maximum of sixty days with allowable
369 substitution of alternative levels of care and outpatient maximum of
370 thirty visits with supplemental coverage available under a HUSKY
371 Plus program for medically eligible enrollees, provided coverage
372 under the HUSKY Plan, Part B and HUSKY Plus programs shall be]
373 and outpatient services consistent with the provisions of the Mental

374 Health Parity Act, Public Law 104-204, sections 38a-488a, 38a-514 and
375 38a-533;

376 (8) Substance abuse, detoxification and inpatient for drugs [sixty
377 days] and alcohol [forty-five days and outpatient sixty visits per
378 calendar year maximum] with supplemental coverage available under
379 a HUSKY Plus program for medically eligible enrollees;

380 (9) Under the HUSKY Plan, Part B no deductibles shall be charged;
381 no preexisting condition exclusion shall be applied and there shall be
382 no annual or lifetime benefit maximums and no coinsurance.

383 Sec. 6. (NEW) (a) For the purposes of this section and section 17a-
384 22b of the general statutes, as amended by this act, a "community
385 collaborative" means a local consortium of public and private health
386 care providers, parents and service and education agencies that have
387 organized to develop coordinated, comprehensive community
388 resources for children with complex behavioral health service needs
389 and their families. Each community collaborative may establish the
390 number of members and the type of representatives to ensure that the
391 membership of such collaborative is appropriately balanced. The chief
392 elected officers of municipalities served by a community collaborative
393 may designate a member to serve as a representative of the chief
394 elected officials. A community collaborative, at a minimum, shall
395 consist of representatives from the local or regional board of education,
396 special education program, youth services bureau, local departments
397 of social services and public health, a substantial number of parents
398 and representatives from private organizations serving children. A
399 community collaborative shall participate in the regional advisory
400 councils established under section 17a-30 of the general statutes,
401 provide outreach to community resources, coordinate behavioral
402 health services by forming, with the consent of the family, child
403 specific teams for children with complex behavioral health service
404 needs, conduct community need assessments to identify service gaps
405 and service barriers, identify priority investment areas for the state and
406 lead service agencies and provide public education and support. A

407 community collaborative shall establish a governance structure,
408 determine membership and identify or establish a fiscal agent. The
409 regional offices of the Department of Children and Families shall
410 provide the community collaboratives with staff support to assist in
411 the management of such activities. Any person who serves on a
412 community collaborative and who acts in good faith without malicious
413 intent in making any decision concerning the appropriateness of
414 services for a family or the proper placement or treatment of a child
415 shall be immune from civil liability for such decision.

416 (b) The regional offices of the Department of Children and Families
417 shall contract with lead service agencies to manage the care of all
418 children enrolled in the KidCare system residing within their
419 designated catchment areas, including children with complex
420 behavioral health service needs. The lead service agencies shall employ
421 or subcontract for the employment of care coordinators to assist
422 families in establishing and implementing individual service plans for
423 children with complex behavioral health service needs. Parents and the
424 lead service agencies may use any provider in the contracted network
425 of the administrative service organizations.

426 (c) An administrative service organization shall have responsibility
427 for managing integrated funding and for basic administrative services.
428 Such organization shall provide a care management infrastructure for
429 use by the lead service agencies but such agencies shall have final
430 responsibility for establishing and implementing individual service
431 plans.

432 Sec. 7. (NEW) (a) The Commissioner of Children and Families shall
433 establish performance measures in the areas of finance, administration,
434 clinical process and clinical outcomes for the KidCare system. The
435 administrative service organization shall have primary responsibility
436 for uniform data collection to determine if performance measures are
437 exceeded.

438 (b) The Commissioner of Children and Families shall develop a

439 competency-based curricula and a training plan to provide training to
440 all persons involved in the KidCare system, including schools and
441 judiciary personnel.

442 (c) The Commissioner of Children and Families shall conduct a five-
443 year independent longitudinal evaluation with evaluation goals and
444 methods utilizing an independent evaluator. The evaluation shall
445 assess changes in outcomes for individual children and families,
446 evaluate the effectiveness of the overall initiative in the early phases to
447 guide future expansion of the KidCare system and examine benefits,
448 costs and cost avoidance achieved by such system. Such evaluation
449 shall specifically address the following: (1) The number of days that
450 children enrolled in the KidCare system spend in out-of-home
451 placement compared to other children in the target group; (2) whether
452 or not the system goals have been met and the extent to which the plan
453 for reallocating funding from institutional services to community-
454 based services for children with severe disabilities has been
455 implemented; (3) changes in problem behaviors of participants before
456 and after participation in the KidCare system; (4) a comparison of
457 school attendance and performance of children before and after
458 participation in the KidCare system; (5) a comparison between
459 recidivism rates of participants who have a history of delinquency; (6)
460 a description of the types and the number of services provided to
461 children enrolled in the KidCare system and to their families through
462 the integrated service plan and the cost of such services; (7) satisfaction
463 of parents and children with the KidCare system as assessed through
464 client satisfaction surveys; and (8) coordination of the KidCare system
465 with the juvenile justice and education systems.

466 Sec. 8. (NEW) The Commissioner of Children and Families may,
467 within available appropriations, provide financial assistance for the
468 establishment of an independent organization, with local chapters in
469 each region served by the Department of Children and Families, that
470 shall provide family-to-family support and family advocates for
471 children and their families, and when requested by the family, assist
472 the family with the individual service plan process and otherwise

473 encourage active family participation in treatment and KidCare system
474 planning. Such organization shall assure that families have input into
475 the development and implementation of their individual service plans,
476 policy and planning for, and the implementation and evaluation of, the
477 KidCare system.

478 Sec. 9. (NEW) (a) There is established a KidCare Trust Fund for the
479 purposes of developing:

480 (1) Early intervention services for young children and their families,
481 which shall include prevention efforts for individuals who are at-risk
482 for developing problems based on biological, psychological or social
483 and environmental factors;

484 (2) Community services, including transition services, for troubled
485 youths who have emotional or behavioral problems, or both, and their
486 families.

487 (b) The fund shall consist of moneys from the General Fund, the
488 state surplus, federal grants and private foundations. Any proposal for
489 requesting expenditure of such funds shall be made by a lead service
490 agency to the Commissioner of Children and Families.

491 Sec. 10. (NEW) On and after January 1, 2002, the Commissioner of
492 Children and Families shall submit quarterly reports concerning the
493 implementation of the KidCare system to the joint standing
494 committees of the General Assembly having cognizance of matters
495 relating to human services and education. Not later than January 1,
496 2004, and annually thereafter, the commissioner shall submit a report
497 to said joint standing committees concerning (1) the number and ages
498 of children in out-of-state residential facilities, (2) the number and ages
499 of children in in-state residential facilities, (3) the number and ages of
500 children in nonresidential treatment, (4) annual public funds expended
501 for out-of-state placements, the sources of such funds and the average
502 cost per child of such out-of-state placement, (5) annual public funds
503 expended for in-state residential placements, the sources of such funds
504 and the average cost per child of such in-state residential placement,

505 (6) annual public funds expended for nonresidential treatment, the
506 sources of such funds and the average cost per child of such
507 nonresidential treatment, (7) the average length of stay in out-of-state
508 and in-state placements, and (8) the number and ages of children
509 placed in out-of-home treatment compared to the total number of
510 children in each region of the state.

511 Sec. 11. Not later than October 1, 2001, the Commissioners of Social
512 Services and of Children and Families shall submit a report to the joint
513 standing committees of the General Assembly having cognizance of
514 matters relating to appropriations and the budgets of state agencies,
515 human services and public health: (1) Concerning the status of the
516 community collaboratives established under section 17a-127 of the
517 general statutes as the primary providers of services under the
518 KidCare system; (2) on the implementation of lead service agencies
519 under the KidCare system; (3) on the implementation of the contract
520 with an administrative services organization to provide data and
521 fiduciary management for the lead service agencies; (4) on children
522 who are not eligible to participate in the HUSKY Plan but who are able
523 to enroll in the KidCare system through the voluntary services
524 program, or that recommends permitting children enrolled in HUSKY
525 Plan, Part B, over three hundred per cent of the federal poverty level to
526 participate in the KidCare system; (5) that recommends a strategy for
527 enhancing home and community-based services in order to allow
528 children and youth in out-of-home placements to return to their
529 families and communities; (6) that provides information on the extent
530 to which children have not received services and recommendations on
531 how to address their identified needs; (7) concerning grievance and
532 administrative procedures; (8) that recommends the appropriate
533 number of lead service agencies; (9) on how to ensure that existing
534 state appropriations are not supplanted by Medicaid funding; (10)
535 concerning access to confidential medical records; (11) that
536 recommends a hold harmless provision for funding child guidance
537 clinics; (12) that establishes mechanisms for the continuous evaluation
538 and quality improvement of the integrated behavioral health service

539 delivery system, including periodic evaluation of behavioral health
540 programs and services and research on child outcomes; (13) that
541 establishes a program for training staff and providers regarding the
542 changes in the system of care principles and structures and in all
543 aspects of the delivery of care under the integrated behavioral health
544 service delivery system; (14) that establishes procedures for the
545 compiling of all data and conducting all needs assessments as are
546 necessary for planning an integrated behavioral health service delivery
547 system; (15) that determines the nature of support for development
548 and financing of an independent family-operated organization to
549 provide family-to-family support; (16) that determines which
550 resources the Department of Education can contribute to the integrated
551 funding for the KidCare system in general and, in particular, excess
552 grants for purposes of special education in approved private school
553 educational programs; (17) that specifies performance measures in the
554 areas of finance, administration, clinical process and clinical outcome;
555 (18) that requires training to support implementation of the KidCare
556 system including training of school and judiciary officials; (19) on the
557 establishment and implementation of a competency-based curriculum;
558 (20) on performance contracting options; (21) that includes information
559 concerning the KidCare system that summarizes the overall
560 performance of the KidCare system and the performance of individual
561 lead service agencies on quality and cost measures; (22) on evaluation
562 guides and methods and essential components, baseline data to be
563 collected and cost of longitudinal study; (23) that addresses the need to
564 improve services for children served by the Department of Education
565 and the juvenile justice systems; (24) on the establishment of an
566 integrated grievance process for all children enrolled in the KidCare
567 system regardless of whether such children were originally enrolled in
568 the HUSKY Plan, Part A or Part B or the voluntary services program;
569 (25) that recommends a mechanism for handling conflict resolution
570 among the various responsible agencies; and (26) that recommends a
571 process for adopting a five-year plan for the KidCare system.

572 Sec. 12. This act shall take effect July 1, 2001.

HS

Joint Favorable Subst. C/R

APP